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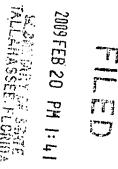
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT FEB 23 2009 FXABADA

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COVER LETTER

		Registration Division of C						
	SUBJECT	_{r.} Euran	n Capital LLC					
:	SUBJEC	· ——		ited Liability Comp	pany)	<u></u>		
:	The enclos	sed Articles	of Organization and fee(s) are	submitted for filir	1g.			
;			pondence concerning this ma		_			
:	Ta	anya Ts	vever				至沙	200
				(Name of Person)			Me Sur	-
							E S	2009 FEB 20 PM
				(Firm/Company)		<u></u>	me	-
	. 18	390 S. C	Ocean Dr. #2104				95	
				(Address)		 -	Carrie	
,	H	allandal	e, Fl 33009					
			(Ci	ity/State and Zip Cod	e)			
	For further	information	concerning this matter, pleas	se call:				
:	Stephe	en Wise	man	at (954	, 292-5	133		
		(Name	e of Person)	(Area Cod	le & Daytime	Telephone Numb	er)	
	Enclosed	is a check fe	or the following amount:					
	⊒ \$125.00∃	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 F Certificate Certified (additional of	of Statu Copy	s &
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	ourier Addr ion Section of Corporat Building ecutive Cent	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	;mi 1~0	
ARTICLE II - Address:		2009 F	e se
The mailing address and street address	s of the principal office of the Limited I	Liability Compan	y is:
Principal Office Address:	Mailing Address:	20 \$6851	Ī
1701 S. Ocean Dr. #904	1701 S. Ocean Dr. #904		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Hollywood, FL 33019	Hollywood, FI 33019	35:	12
		©m ±	

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Tanya Tsveyer_	
Nam	e
1890 S. Ocean Dr.	#2104
Florida street a	idress (P.O. Box NOT acceptable)
Hallandale, FL 3300)9 _{FL}
City, State,	and Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2009 FEB 20	,
Tanya Tsveyer MGRM	Tanya Tsveyer	<u> </u>	2
	Hallandale, FL 33009	77	
		93	-
Stephen Wiseman MGR	1701 S. Ocean Dr. #904	(D):11) -	
	Hollywood, FL 33019		
•			
			
	· ·		
			

ARTICLE V: Effective date, if other than the date of filing: February 18, 2009. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tanya Tsveyer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)